

Laser eye surgery helping to save lives on battlefield

Program lets frontline troops leave the eyeglasses at home

By Donna Miles
American Forces Press Service

WASHINGTON — Many people choose laser eye surgery because they think it will make them more attractive or save them from having to grapple to find their glasses all the time.

But for an increasing number of service members, laser eye surgery isn't a cosmetic or convenience issue.

It's about saving lives on the battlefield.

"The bottom line is that if you're in the middle of a fight and you can't see the enemy before they see you, you're dead," said Army Lt. Col. Scott Barnes, an oph-

thalmologist at the Warfighter Refractive Eye Clinic at Fort Bragg, N.C.

Barnes said that motivation has spurred special operations and 18th Airborne Corps Soldiers at Fort Bragg to flock to the clinic at Womack Army Medical Center "in droves," hoping to get laser eye surgery before their upcoming deployments.

Madigan Army Medical Center has been performing the procedure on Soldiers at Fort Lewis, as well.

"We're operating full speed ahead," said Barnes. He said the clinic is giving priority to combat troops on deployment orders.

Fort Bragg and Fort Lewis aren't alone. Throughout the military services, there's a growing recognition that eyeglasses can be a battlefield liability.

Dirt, grime and lack of convenient hygiene facilities make contact lenses

impractical in combat zones. On the other hand, eyeglasses break and fog up when subjected to the rigors of combat, like jumping out of airplanes, diving underwater, or crawling through dirt and sand, Barnes said. Some Soldiers complain that they interfere with night-vision goggles or gas masks.

Fearing that their eyeglasses might break, Barnes said many deployed troops find themselves stashing extra sets in pockets, rucksacks — wherever they can quickly retrieve them if they need to.

And although the military runs mobile eyeglass fabrication labs to replace broken eyeglasses, Barnes said they simply can't be as responsive as the 24-hour commercial eyeglass shops that dot American shopping centers nationwide.

Barnes said some troops question what might happen if they are taken prisoner and their captors take their glasses away.

"How can you have any chance of escaping if you can't see?" Barnes said they ask.

"The threat of having to go without glasses can be a psychological factor for a Soldier who is dependent on his glasses," Barnes said.

"It boils down to the fact that eyeglasses can be a liability."

Barnes said he'd like to be able to provide laser eye surgery for any Soldier who wants it, but that limited time and resources force him to give priority to troops most likely to see combat.

"For those guys on the front, in the heat of the battle, it's important for them to be able to be free of their glasses," he said.

The military has come a long way since 2000, when DOD first began allowing people with two common forms of laser eye surgery to enter the military with a

medical waiver. People who'd had corrective eye surgery were previously ineligible for military service.

That move was based largely on groundwork laid by the Navy. Naval Medical Center San Diego launched the military's first refractive-surgery program in 1993, primarily serving Navy SEALs who had problems losing contacts or eyeglasses while parachuting or in the water.

Now all the services offer laser eye surgery for their members, although rules vary about who's eligible to receive it and what military jobs they're able to fill.

The most common types of laser eye surgery offered are photorefractive keratotomy, or PRK, and laser in-situ keratomileusis, often referred to as LASIK.

Barnes said 80 percent of his patients chose PRK, a procedure that requires a slightly longer healing time but has less risk of complication.

Trauma teams train together, get instruction through ATTC

By Maj. Brad West
Army Trauma Training Center

The Army Trauma Training Center is the "NTC for the Army Medical Department's Forward Surgical Teams."

This year has brought great changes in the way the ATTC does business. Jackson Memorial Hospital's Ryder Trauma Center has been involved in a unique cooperative effort with the United States Army Medical Department since the fall of 2001. The ATTC has trained more than 500 military medical personnel since its inception.

The ATTC was established to update and maintain trauma skills for members of the U.S. Army's forward surgical teams. These 20-Soldier units made up of general surgeons, orthopedic surgeons, nurse anesthetists, nurses, medics and surgical technicians arrive in Miami ready to train. For many of the personnel, this is the first time they have trained together as a unit in their clinical roles.

Miami's Ryder Trauma Center was chosen as the site for the ATTC because it is uniquely able to provide access to the volume and severity of injuries needed to train trauma skills on short order. Additionally, the injury patterns seen in this inner city trauma center closely mimic those experienced on the battlefield.

With such a tremendous access to trauma and the best faculty the Army Medical Department has to offer, the one question that remained unanswered for the ATTC was how to develop a written program of instruction that would build teamwork and efficiency into the clinical skills taken to the front lines.

The ATTC has focused its mission on the "Trauma Teams" approach to trauma management.

The motto of this new program of instruction is "teaching teams to be a TEAM." The ATTC instructors have embraced a new model of trauma care as well as a new vocabulary.

It is now common at the ATTC to hear words and phrases like "time-out," "echo," "good pass," and "cover your buddy." The goal of this team approach is to bring a measure of efficiency and routine into the chaos of trauma management.

The high-paced environment at RTC demands teamwork in order to accomplish safe and effective trauma care. The closest surgical asset on the battlefield is the FST and injured Soldiers progress through these units in the same way patients flow through RTC.

Similarities aside, there is a tremendous difference between this training facility and the canvas tent in which the FST operates. But, although these units eventually leave this multi-million dollar facility behind, they take the life-saving "trauma teams" approach to trauma management to Soldiers where they need it most.



Courtesy photo

Left to right, Sgt. Ronald Hull, 1st Lt. Ralph Luellen, Sgt. William Goldsworth and Col. Linda Atteberry work in the emergency room. In October the 250th Forward Surgical Team of the 62nd Medical Brigade rotated through the grueling U.S. Army Trauma Training Center program in Miami Florida.

Real-life training aids surgical team

Unit with combat jump wings still seeks to improve skills

By 2nd Lt. Nicholas Trerotola
250th Forward Surgical Team

No matter how experienced a medical team is, there is always a desire to get better. For one Fort Lewis unit, that desire led to a trip all the way to Florida.

Earlier this month the 250th Forward Surgical Team of the 62nd Medical Brigade rotated through the grueling U.S. Army Trauma Training Center program in Miami, Fla.

Forward surgical teams provide the Army Medical Department's initial echelon of surgical care to critically injured Soldiers. Their mission is to provide far-forward life saving surgery for 72 hours of continuous operations or 30 critical patients before being reconstituted with medical supplies.

The FST is a 20-Soldier unit made up of surgeons, nurse anesthetists, regis-

tered nurses, an executive officer, medics and operating room technicians. In this age of asymmetrical warfare, the FST is placed near the front lines or attached to a special operations unit where it can be used to stabilize Soldiers before they are sent to the rear for definitive surgery.

The 250th is the only airborne FST stationed outside of Fort Bragg, N.C. These units must be prepared to conduct airborne operations in addition to their medical duties, at a moment's notice.

In March 2003 during Operation Iraqi Freedom, the 250th, attached to the 173rd Airborne Infantry Brigade, became the first FST to parachute into a combat zone.

The ATTC, dubbed the "NTC of the Army Medical Department," offers FSTs the opportunity to experience cutting-edge trauma care in a leading trauma center. The ATTC is located at the Ryder Trauma Center in Miami, Fla. — one of only three stand-alone trauma centers in the United States.

The ATTC boasts the best of the best when it comes to Army Medical Depart-

At a glance

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ment faculties. Each specialty represented in the FST is matched with an expert in the field who guides the section throughout the rotation.

The program of instruction is designed around a 14-day "in-the-box" experience exposing FST members to real world situations where critical life and death decisions are made. After the first day of hands-on refresher training for team members on basic clinical skills, the FST is thrust into a demanding mass casualty exercise.

This fog-of-war exercise sets the tone for the two weeks that will follow.

The ATTC combines a series of lectures with hands-on patient care in the trauma resuscitation unit, trauma operating room, and the trauma intensive care and burn units.

The rotation was culminated by a capstone exercise that tested the fortitude of the team members by placing them into 48 hours of continuous operations at one of the nation's largest trauma centers.

During the capstone the FST was required to manage sleep cycles, medical supply logistics, patient tracking, and the surgical care of all traumas admitted to the Ryder Trauma Center.

Although directly supervised by the ATTC faculty and RTC staff, the experience was very demanding and could only be accomplished through teamwork. "Training Teams to be a Team" is the ATTC motto.

Saving the lives of patients with gunshot wounds, multiple stabbings, blunt trauma and burn injuries has better prepared the 250th FST to manage similar injuries on the battlefield.

Longview woman finds final resting place for WWII veteran father

By Rudi Williams
American Forces Press Service

WASHINGTON — Elizabeth Johnston of Longview didn't mean any disrespect to her father by keeping his cremated remains on a closet shelf for almost 10 years.

She just didn't know what to do with them. But when she came here recently to accept an award for her support for military families, she found the resting place for her father's ashes at Arlington National Cemetery.

Her father, Calvin M. Woods, participated in the Normandy Invasion on D-Day, June 6, 1944, on Omaha Beach as a chief boatswain's mate. He died on Oct. 23, 1994, shortly before his 81st birthday.

Johnston is the founder of "Mothers of Military Support," a not-for-profit organization that supports deployed service members and their families. MOMS took home a \$2,000 in "Newman's Own" recent competition for innovative programs to improve the quality of life in military communities. Newman's Own, Inc., the Fisher House Foundation and the Military Times Media Group sponsor the award program.

Johnston said her father told her he didn't want a big fuss made when he died.

"He didn't want anything fancy, or people crying over him with sad music playing," she noted. "And for 10 years, I didn't quite know how to take care of him appropriately. I didn't know if I should get on a Navy ship and go out to sea and spread his ashes, or just put him in a vault in a local military cemetery. I just didn't know what to do."

Once she decided to intern her father's ashes at Arlington, Johnston opted for simple funeral honors, which included a 21-gun salute, the playing of "Taps" and folding and presentation of the American flag performed by a Navy ceremonial unit.

Tears flowed down her reddened cheeks as sailors in their crisp, white uniforms performed the honors.

"He's not alone anymore," she said after the interment.

She said Woods "would be with ... the people, besides his family, who were his world — a big part of his life and who he was." She said she pictured him "walking with his military family and friends now."

When her father died, she said, her chil-

dren were so young that she consumed her time with them rather than dealing with her emotions about her father.

"Going to Washington, D.C., gave final closure," Johnston said.

Johnston noted she doesn't know much about her father's wartime experiences because he didn't speak of them much. He did tell his family that when he hit Omaha Beach on D-Day, bodies were scattered all over the beach and about 55 percent of his unit's members were killed by the time they reached the beach.

"They were running low capacity, high emotion and were still able to break through," Johnston said. "I believe he was shot in the thigh and had a Purple Heart, but I don't know all the medals he had, because talking about what he did during the war was taboo in our house. He was always vague."

Johnston, the former district manager for a cosmetic company, now runs MOMS full time. She said she's happy she was able to give her father the honors he deserved.

"I feel I couldn't have honored him in any better way. It's closure. He's free now," she said.



Rudi Williams

Navy Seaman Moises Rodriguez III presents the American flag to Elizabeth Johnston in honor of her late father, World War II Navy veteran Calvin M. Woods.